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U.S. Department of Commerce  
Patent and Trademark Office

# **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing

Attorney Docket  
Number

U 0045 OS/TEAP

First Named  
Inventor

FRY, Douglas F.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**WATER-DISPERSIBLE, HYDROPHOBIC POLYALKYLENEIMINE POLYAMIDE FIBERGLASS  
LUBRICANT, PROCESS FOR PRODUCING THE SAME, AND METHOD OF USE THEREFOR**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §385(b) of any foreign application(s) for patent or inventor's certificate, or §386(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

60/210,293

06/08/2000

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION**

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Aaron R. Ettelman	42,516
Steven J. Trzaska	36,296	Henry E. Millson, Jr.	18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☒ Fill in correspondence address below

Name	Aaron R. Ettelman		
Address			
Address			
City	State	ZIP	
Country	Telephone	610-278-4930	Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned

Given Name	Douglas	Middle Initial	F.	Family Name	Fry	Suffix e.g. Jr.	
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Post Office Address							
City	Charlotte	State	NC	Zip	28210	Country	USA
Applicant Authority							

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Frank Norman				Middle Initial		Family Name	Tuller		Suffix e.g. Jr.	
Inventor's Signature									Date		
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Post Office Address	71 Trentwood Condominium										
Post Office Address	3106 Bethel Road										
City	Simpsonville				State	SC	Zip	29681-5513		Country	USA
								Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature									Date		
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		Zip			Country	
								Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature									Date		
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		Zip			Country	
								Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature									Date		
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		Zip			Country	
								Applicant Authority			

☐ Additional inventors are being named on supplemental sheet(s) attached hereto